


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90020 013 ****70.00

DOCUMENT # 726205 1. Entity Name LA MAR BREEZE CONDOMINIUM, INC.					
Principal Place of Business 3944 N.E. 167TH STREET NORTH MIAMI BEACH, FL 33160			Mailing Address 3944 N.E. 167TH STREET NORTH MIAMI BEACH, FL 33160		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1889719	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COHEN, JACOB 3944 NE 167TH ST #402 N MIAMI BCH, FL 33160			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, CAROL		NAME	Green, Carol	
STREET ADDRESS	3944 NE 167TH ST. #303		STREET ADDRESS	3944 NE 167 ST # 303	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP	North Miami Bch FL 33160	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEHAR, RITA		NAME		
STREET ADDRESS	3101 NE 164 ST.		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROHDE, CLARA		NAME		
STREET ADDRESS	3944 NE 167TH ST #406		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SENDRA, MARINA		NAME		
STREET ADDRESS	3944 NE 167TH STREET #403		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHEN, JACOB		NAME	Cohen Jacob	
STREET ADDRESS	3944 NE 167TH ST NE 402		STREET ADDRESS	3944 NE 167 ST #402	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP	North Miami Bch FL 33160	
TITLE	D	<input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARVALHO, EUDES D		NAME	carvalho, Eudes D	
STREET ADDRESS	3944 NE 167 ST #408		STREET ADDRESS	3944 NE 167 ST #408	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP	North Miami Bch FL 33160	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Jacob Cohen</i> JACOB COHEN			7-19-05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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